

**CERTIFICATE OF SERVICE**

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

Collegium Pharmaceuticals, Inc.  
420 International Blvd., Ste. 500  
Brooks, KY 40109

Collegium Pharma Inc.  
Attn: Shirley Kuhlmann, General Counsel  
100 Technology Center Drive, Ste. 300  
Stoughton, MA 02072

Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Collegium Pharmaceutical, Inc.  
Attn: Joseph Ciaffoni, President & CEO  
100 Technology Center Drive, Ste. 300  
Stoughton, MA 02072

Collegium Pharmaceutical Inc.  
420 International Blvd., Ste. 500  
Brooks, KY 40109

Corporation Service Company, R/A for  
Collegium Pharmaceutical, Inc.  
251 Little Falls Drive  
Wilmington, DE 19808

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing  
Pachulski Stang Ziehl & Jones LLP  
10100 Santa Monica Blvd.  
13<sup>th</sup> Floor  
Los Angeles, CA 90067

Business Address:

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Collegium Pharmaceutical, Inc.  
Attn: Joseph Ciaffoni, President & CEO  
100 Technology Center Drive, Ste. 300  
Stoughton, MA 02072



9590 9402 3367 7227 2943 67

**2. Article Number (Transfer from service label)**

2017 2400 0000 3936 7029

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY****A. Signature** Agent Addressee**B. Received by (Printed Name)****C. Date of Delivery****D. Is delivery address different from item 1?**  Yes  
If YES, enter delivery address below:  No**3. Service Type**

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Collegium Pharmaceutical Inc.  
420 International Blvd., Ste. 500  
Brooks, KY 40109



9590 9402 3367 7227 2943 50

**2. Article Number (Transfer from service label)**

2017 2400 0000 3936 7012

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY****A. Signature** Agent Addressee**B. Received by (Printed Name)****C. Date of Delivery**

2-10-22

**D. Is delivery address different from item 1?**  Yes  
If YES, enter delivery address below:  No

FEB 10 2022

**3. Service Type**

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Corporation Service Company, R/A for  
Collegium Pharmaceutical, Inc.  
251 Little Falls Drive  
Wilmington, DE 19808



9590 9402 3367 7227 2941 90

**2. Article Number (Transfer from service label)**

7017 2400 0000 3936 7005

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY****A. Signature** Agent  
 Addressee**B. Received by (Printed Name)****C. Date of Delivery**

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

**3. Service Type**

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery over \$500)	

Domestic Return Receipt